

**FORM C-1 CLERGY ABSENCE REQUEST**

Name:

Parish, Location:

**SHORT-TERM ABSENCE:**

**START DATE AND END DATE:**

Vacation	
Continuing Education	

COVERAGE PLAN:	NAME:	Licensed Clergy or with PTO	Licensed Lay Minister	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are unclear if your coverage person is licensed or has a letter of Permission to Officiate (PTO), contact the bishop's office to confirm at 250-386-7781, ext 245 or bishopadmin@bc.anglican.ca

**LONG-TERM ABSENCE:**

**START DATE AND END DATE:**

Maternity	
Parental	
Extended Medical	
Extended Study	
Other	

The bishop's office will arrange and appoint appropriate parish coverage for long-term absences.

Submit this form to your Regional Archdeacon to keep them informed:

- at least 4 weeks before the proposed start date, for short-term absences.
- at least 3 months before the proposed start date, for long-term absences.

Clergy Signature:

Date Submitted:

The Regional Archdeacon will submit your form to (1) payroll@bc.anglican.ca for accurate recordkeeping and to (2) the bishop's office at bishopadmin@bc.anglican.ca for approval of your absence and the coverage you propose.

Regional Archdeacon Signature:

Date Informed: